



NHI CLINIC REFERRAL AND ORDER FORM – LINCOLN

Please complete this order form thoroughly. Fax this order form, the demographic information, copy of the insurance cards (both sides), office notes, and recent labs and tests to 402-328-3750.

Patient Name _____ M F DOB ____/____/____ SSN _____-____-_____

Patient Address: _____ Patient City/State/Zip _____

Patient Home # _____ - _____ - _____ Patient Work # _____ - _____ - _____ Patient Cell # _____ - _____ - _____

Patient Insurance Carrier: _____ Insurance ID number: _____ Group Number: _____

Insurance Address: _____ Insurance City/State/Zip _____

Subscriber Name (if not patient) _____ M F DOB ____/____/____ SSN _____-____-_____

Signs/Symptoms (medical necessity):

(Check all that apply)

- Chest Pain
- Chest Pressure
- Fatigue
- Dyspnea on Exertion
- Weakness
- Syncope
- Hypertension
- Hyperlipidemia
- Atrial Fibrillation
- Tobacco Use
- Other _____
- Murmur
- Bruit
- Visual Disturbance
- Swelling
- Claudication
- Abdominal Pain
- Renal Insufficiency
- Leg Pain
- Palpitations
- Family Hx CAD
- Hx of _____

Requested Cardiologist:

(circle one*)

- Stephen Ackerman Adnan Khalid
- Ajay Chander Steven Krueger
- Peter Gallagher Anu Tunuguntla
- Anuj Jain *First Available

Surgeons

- Heidi Hansen
- Allie Sohn
- James Wudel

Requested Time for Appointment:

- First Available
- Next Day
- 48 hrs
- 72 hrs
- 1 week
- Other _____

Consultation / Test Requested: **HEIGHT:** _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____ **DIABETIC: Y N**

- Consultation Only
- Echo
- Vascular Study (specify) _____
- 24-Hour Holter Monitor
- 30-Day Event Recorder (patient does not need to come to office – device to be mailed to patient)
- Heart Catheterization
- Myocardial Perfusion Imaging
 - Treadmill (Bruce Protocol)
 - Lexiscan
 - Adenosine or Adenowalk
 - Dobutamine
- Testing with Consultation
 - TEE (Transesophageal Echo)
 - Stress Echo
 - Treadmill (Bruce Protocol)
 - Dobutamine
- EKG
- Treadmill Only (Bruce Protocol)

Physician's Signature _____ Date ____/____/____ Form Completed by _____

Physician's Name (please print) _____ Phone (____) - ____ - _____ FAX (____) - ____ - _____

Nebraska Heart Institute, Medical Office Building, 7440 S. 91st Street, Lincoln, NE 68525
 Scheduling – Cardiology: 402-328-3998 Scheduling – Surgery: 402-328-3988 Fax: 402-328-3750

<p>FOR NHI OFFICE USE ONLY:</p> <p>Appointment (date/time): _____ / _____ Arrival Time: _____ with Dr. _____</p> <p>Special Instructions: <input type="checkbox"/> None</p> <p><input type="checkbox"/> Nothing to eat or drink: after midnight / _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> NO caffeine, decaffeinated, or chocolate products 12 hours prior to the test</p>	<p>NHI Staff Initial _____</p> <p>Date _____</p>
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